

Issue Classification

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1			31			61			91			121			181
	2			32			62			92			122			182
	3			33			63			93			123			183
	4			34			64			94			124			184
	5			35			65			95			125			185
	6			36			66			96			126			186
	7			37			67			97			127			187
	8			38			68			98			128			188
	9			39			69			99			129			189
	10			40			70			100			130			190
	11			41			71			101			131			191
	12			42			72			102			132			192
	13			43			73			103			133			193
	14			44			74			104			134			194
1	15			45			75			105			135			195
2	16			46			76			106			136			196
3	17			47			77			107			137			197
4	18			48			78			108			138			198
5	19			49			79			109			139			199
6	20			50			80			110			140			200
7	21			51			81			111			141			201
	22			52			82			112			142			202
	23			53			83			113			143			203
	24			54			84			114			144			204
	25			55			85			115			145			205
	26			56			86			116			146			206
	27			57			87			117			147			207
	28			58			88			118			148			208
	29			59			89			119			149			209
	30			60			90			120			150			210

SERIAL NUMBER 09/310,024	FILING DATE 05/11/99	CLASS 395 703	GROUP ART UNIT 2263 2123	ATTORNEY DOCKET NO. 09976-5(0B00)
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APPLICANT

NOBUHITO MATSUSHIRO, TOKYO, JAPAN.

****CONTINUING DOMESTIC DATA*******
VERIFIED
None

****371 (NAT'L STAGE) DATA*******
VERIFIED
None

****FOREIGN APPLICATIONS*******
VERIFIED JAPAN 10-145036 05/11/98
fine

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/02/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 8	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
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Verified and Acknowledged None Examiner's Initials Initials

ADDRESS

SEE CUSTOMER NUMBER: 000570

TITLE

METHOD AND DEVICE OF IMAGE TRANSFORM

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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